

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>10375</u>	2. Fiscal Year Covered From <u>1 / 1 / 04</u> Through: <u>12 / 31 / 04</u>
3. Name and address of person filing. Name <u>Michael D GAVANCLA</u> P.O. Box, Bldg., Room No., if any <u>3810</u> Street <u>Conroy Trail</u> City <u>Irwin Grove Hgts</u> State <u>MN.</u> ZIP Code + 4 <u>55076</u>	4. Name, file number, and address of labor organization. Name <u>IUPAT District Council 82</u> Labor Organization File Number <u>542-089</u> P.O. Box, Building and Room Number, if any <u>3205</u> Street <u>Country Drive</u> City <u>LITTLE CANADA</u> State <u>MN.</u> ZIP Code + 4 <u>55117</u>
5. Position in labor organization. <u>BUSINESS MANAGER Sec / Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7. a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7. b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Michael D. Gavancle

On 8/12/05 651-224-5480
Date Telephone Number

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Labor/Management Cooperation Initiative</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>1750</u></p> <p>Street <u>NEW YORK AVE. N.W.</u></p> <p>City <u>WASHINGTON D.C.</u></p> <p>State _____ ZIP Code + 4 <u>20006</u></p>	<p>9. Business deals with</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer _____</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>Labor/Management Cooperation Initiative</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>1750</u></p> <p>Street <u>NEW YORK AVE. N.W.</u></p> <p>City <u>WASHINGTON D.C.</u></p> <p>State _____ ZIP Code + 4 <u>20006</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>LMCI - DINNER MEETINGS</u></p> <p><u>3/24/04</u></p> <p><u>8/16/04</u></p> <p>11.b. Approximate dollar value of such dealing. <u>208.00</u></p> <p>12.a. Nature of interest held or income received. _____</p> <p>12.b. Amount. _____</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment. _____</p>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment. _____</p>

Name of Person Filing

Michael D. COVANDA

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Painters + Allied Trades Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1750 Suite 501

Street New York Ave. N.W.

City Washington D.C.

State ZIP Code + 4 20006-5301

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Painters + Allied Trades Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 1750 Suite 501

Street New York Ave. N.W.

City Washington D.C.

State ZIP Code + 4 20006-5301

11.a. Nature of such dealing.

Pension Explanation Meeting 8/11/04
 Pension Explanation Meeting 8/15/04
 Pension Explanation Meeting 8/20/04

11.b. Approximate dollar value of such dealing.

300.00

12.a. Nature of interest held or income received.

DINNERS DURING MEETINGS
 LISTED IN 11A.

12.b. Amount.

300.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Wilson McShane

Trade Name, if any:

P.O. Box, Bldg., Room No., if any 3001 Suite 500

Street Metro Drive

City Bloomington

State MN. ZIP Code + 4 55425

14.a. Nature of payment.

MPWEA Registration FEE 100.00
 ULC Registration FEE 95.00
 PATCH Registration FEE 125.00
 Bill Peterson Registration FEE 125.00

13.b. Is the Business an Employer

or Consultant

TPA

☒ ?

14.b. Amount of payment

445.00

Name of Person Filing <u>Michael D. GAVANDA</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>IUPAT Joint Apprenticeship & Training Fund</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>1750</u></p> <p>Street <u>NEW YORK AVE. N.W.</u></p> <p>City <u>WASHINGTON D.C.</u></p> <p>State _____ ZIP Code + 4 <u>20006</u></p>	<p>9. Business deals with:</p> <p>a. Labor Organization _____</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>c. Employer _____</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>IUPAT Joint Apprenticeship & Training Fund</u></p> <p>Trade Name, if any: <u>F</u></p> <p>P.O. Box, Bldg., Room No., if any <u>1750</u></p> <p>Street <u>NEW YORK AVE. N.W.</u></p> <p>City <u>WASHINGTON D.C.</u></p> <p>State _____ ZIP Code + 4 <u>20006</u></p>	<p>11.a. Nature of such dealing. <u>Dinner to promote JATF Programs</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>106.⁰⁰</u></p> <hr/> <p>12.a. Nature of interest held or income received. _____</p> <hr/> <p>12.b. Amount. <u>106.⁰⁰</u></p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment. _____</p> <hr/> <hr/>
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>	<p>14.b. Amount of payment _____</p>

The transactions, dealing and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2004. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2004, I will file an amended Form LM-30.

Michael D. Garamba
Signature

8/12/05
Date